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Space Administration

Ames Research Center
Moffett Field, California 94035-1000

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Date: February 24, 2005

Number of pages including cover sheet: **25 35 31**

TO:	James Ketter Patent Examiner		
OF:	USPTO Group Art Unit: 1636		
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FROM:	John F. Schipper Patent Attorney		
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NASA Case No. ARC-15088-1

In re application of: David A. Loftus

Serial No.: 10/608,884

Group No.: 1636

Filed: June 26, 2003

Examiner: James Ketter

For: "Provision of Carbon Nanotube Bucky Paper Cages for Immune Shielding of Cells and Tissues"

The following correspondence is attached:

Facsimile Cover Sheet (1 page)

Certificate of Transmission (1 page)

Transmittal Letter (1 page)

Fee Sheet (1 page, in duplicate)

Amendment Response to Office Action (12 pages)

Substitute Specification, including Abstract (16 pages)

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PTO/SB/97 (09-04)

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John F. Schipper

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26,924

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(650) 604-0887

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Facsimile Cover Sheet (1 page)

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Certificate of Transmission (1 page)

Amendment Response to Office Action (12 pages)

Transmittal Form (1 page)

Substitute Specification, including Abstract (16 pages)

Petition for Extension of Time (1 page)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

34

Application Number	10/608,684
Filing Date	June 26, 2003
First Named Inventor	David A. Loftus
Art Unit	1636
Examiner Name	James Ketter
Attorney Docket Number	ARC-15068-1

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below):
Substitute Specification (16 pages);
Facsimile Transmission Certificate (1 page);
Facsimile Cover Sheet (1 page);
<u>Petition For Extension of Time (8 pages)</u> |
|--|--|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NASA Ames Research Center		
Signature	<i>John F. Schipper</i>		
Printed name	John F. Schipper		
Date	February 24, 2005	Reg. No.	26,994

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Signature	<i>John F. Schipper</i>		
Typed or printed name	John F. Schipper	Date	February 24, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250.00

Complete If Known

Application Number	10/608,884
Filing Date	June 26, 2003
First Named Inventor	David A. Loftus
Examiner Name	James Ketter
Art Unit	1636
Attorney Docket No.	ARC-15088-1

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 14-0116 Deposit Account Name: _____
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
43	5	50.00
HP = highest number of total claims paid for, if greater than 20.		Fee Paid (\$)
250.00		
Indep. Claims	Extra Claims	Fee (\$)
6	0	0
HP = highest number of independent claims paid for, if greater than 3.		Fee Paid (\$)
0		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
6	0	0	0	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<u>John F. Schipper</u>	Registration No. (Attorney/Agent)	26,994	Telephone (650) 604-0887
Name (Print/Type)	John F. Schipper	Date	February 24, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250.00

Complete if Known

Application Number	10/608,884
Filing Date	June 26, 2003
First Named Inventor	David A. Loftus
Examiner Name	James Ketter
Art Unit	1636
Attorney Docket No.	ARC-15088-1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 14-0116 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

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Total Claims	Extra Claims	Fee (\$)
43	5	50.00
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
6	0	0
HP = highest number of independent claims paid for, if greater than 3.		

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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
100	0	0	0	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

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SUBMITTED BY

Signature	<u>John F. Schipper</u>	Registration No.	28,994	Telephone	(650) 604-0887
Name (Print/Type)	John F. Schipper	(Attorney/Agent)		Date	February 24, 2005

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